



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:27 am, Sep 05, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>202095</u>	NAME OF AGENCY <u>MSNP</u>	DATE OF INSPECTION <u>09/04/14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>Butler County 200 OAK ST, POPLAR BLUFF, MO 63901</u>		TIME OF INSPECTION <u>1942</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <u>09/04/14 1942</u>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>50</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>CUTIA LABORATORIES</u> LOT # <u>13290</u> EXP. DATE <u>10/29/15</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <u>34</u> °C SIMULATOR SN <u>0300</u> EXP. DATE <u>02/18/15</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	
TEST 1 = <u>.095</u>	TEST 2 = <u>.096</u>
TEST 3 = <u>.096</u>	

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	OVER .19	1
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

WITHIN STANDARDS

INSPECTING OFFICER

SIGNATURE <u>Russell B. Arnold</u>	PRINT FULL NAME <u>RUSSELL B. ARNOLD</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240083 03/11/16</u>	TELEPHONE NUMBER <u>573-840-9500</u>

RETURN COMPLETED REPORT TO THE:
Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

[illegible]

— 1 —

[illegible]

1	086		
2	FILE NUMBER:	SDE	
3			
4	DETECTOR:	OKAY	
5			
6	SEDS:	OKAY	
7			
8	ECTOR:	OKAY	
9			
10	EGS:	OKAY	
11			
12	C STANDARD:	OKAY	
13			
14	ORATION:	OKAY	

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PRINT TEST
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BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
EAC DATAMASTER SERIAL NUMBER 204035
09/04/14

2011年12月

OFFICER I.D.: 116
 PERMIT NUMBER: 240083
 EXPIRATION DATE: 03/11/16
 MISCELLANEOUS DATA:

FOIA REQUEST

BLANK TEST	.000	19
INTERNAL STANDARD	VERIFIED	19
EXTERNAL STANDARD	.095	19
BLANK TEST	.000	19
EXTERNAL STANDARD	.096	19
BLANK TEST	.000	19
EXTERNAL STANDARD	.096	19
BLANK TEST	.000	19

$$\begin{aligned} N &= 2M, & \frac{1}{2} &= \frac{1}{2}, & \frac{1}{2} &= \frac{1}{2}, \\ \frac{1}{2} &= \frac{1}{2}, & \frac{1}{2} &= \frac{1}{2}, & \frac{1}{2} &= \frac{1}{2}, \end{aligned}$$

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
EPC DATAMASTER SERIAL NUMBER 204085
09/04/14

PRETEST TIME: 19:00
SUBJECT NAME:

DOB: 12/31/13 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:

A
OFFICER I.D.: 116
TESTING OFFICER:

OFFICER I.D.: 116
PERMIT NUMBER: 240083
EXPIRATION DATE: 03/11/16
MISCELLANEOUS DATA:

— 卷之五 —

BLANK TEST	.000	19:51
INTERNAL STANDARD	VERIFIED	19:51
RADIO INTERFERENCE		

Operator Signature: _____

Operator Signature B. B. (Signature) 09/14/17

Operator Signature: _____

09/04/14



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II

RUSSELL B ARNOLD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

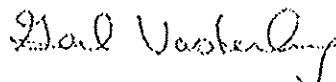
DATE 3/11/2014

NUMBER 240083

EXPIRES 3/11/2016

MO 680-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA6-4 (R6-10)

